MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9862

File No. 2420

Registered No.

1. PLACE OF DEATH

County

Township

City Kansas City (No. 1478 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Frank Hartman

(a) Residence. No. 3507 Dr St. 214 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27 1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	9	5	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Schoolboy
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Elias Hartman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Mary Lendane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Illinois

14. INFORMANT Hospital Information
(Address) City Hospital

15. FILED 19 Max C Starcoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1927, to March 9, 1927 that I last saw him alive on March 9, 1927 and that death occurred, on the date stated above, at 2 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Staphlococcal Pyaemia
following Acute Tonsillitis
Iron Cephthepsis (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Sub acute Endocarditis
Secondary Anaemia (duration) yrs. mos. ds.

Operated for drainage of abscesses of Throat Due to Staphlococcal Pyaemia 2/12-16-23

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF 3/1

WAS THERE AN AUTOPSY? No

WHAT TESTS CONFIRMED DIAGNOSIS?

3/9, 1927 (Signed) H. J. Roche, M. D.
(Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Trenton, Ills. DATE OF BURIAL 4/11 1927

20. UNDERTAKER Wacker-Adelerle ADDRESS 2331 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Hartman